

ABSTRACT

PATIENT TABLE

A patient table has a removable end portion. This portion can thus be detached and replaced with an alternative end portion having a different shape, ideally having apertures in the areas where the beam requires access. This allows a wider range of shapes to be provided than can be achieved using configurable tables such as those noted above, whilst maintaining the mechanical strength required of the table. The parts of the table can be attached in a variety of ways. A preferred means of joining the two parts is to provide at least two engagement sites for mutual inter-engagement on each section, with the engagement sites of each part being spaced along the length thereof, the first engagement site closest the end of the respective section being adapted to engage on the top side thereof and the second engagement site more distant from the end being adapted to engage on the underside thereof. It is further preferred that the engagement sites are arranged with a central engagement site and two lateral engagement sites proximate the edges of the table. The second engagement site(s) of each part can be a ledge beneath which the first engagement site(s) of the other parts can locate. This ledge can be defined by an underlying recess, or as one face of a protruding pin. A recess can be formed with a surface which angles upwardly away from the edge of the ledge, thereby retaining the two parts together. The first engagement sites can likewise be formed as surfaces upon which the second engagement sites can rest. They can be provided with a profile adapted to retain engagement, such as a rounded recess for accepting a pin, or a surface that slopes downwardly away from the edge thereof so as to be retained in a corresponding recess.

(Fig 1)